

News from Reviews

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Notes from Margaret Stevens-Jones, PHIB Manager

Flu season is upon us and fall is in the air... ***Ghost, Goblins and Changes are everywhere!!!!***

During our site visits the QI Team is checking each agency's policies and procedures for: completion, review with approved signatures, and proof of implementation. One of the policies we discuss with the LHD is the development and need for Quality Assurance and Quality Improvement Plans. Many people ask if the two are one in the same. Our response is Quality Assurance is a required activity for the LHD services and Quality Improvement is fundamental for the agency to stay competitive. You may use the following chart as a basic way to identify the differences.

Quality assurance:	Quality improvement:
Reactive; works on problems after they occur	Proactive; works on processes before problems occur
Regulatory	Self-determined
Led by management	Led by staff
One point in time	Continuous

According to the professional performance standards covering Quality Practice in *Public Health Nursing Scope and Standards* (American Nurses Association, 2007), the Public Health Nurse is called to systematically enhance the quality and effectiveness of nursing practice through:

- implementing new knowledge and performance improvement activities to initiate changes in public health nursing practice and in the delivery of care to populations.
 - participating in the development, implementation and evaluation of procedures and guidelines to improve the quality of practice.
 - participating in the scope of the performance improvement activities as appropriate to the nurse's position, education, and practice environment.
- Such activities may include:
- identification of aspects of practice important for quality monitoring.
 - collection of data to monitor public health nursing practice, including availability, accessibility, acceptability, quality and effectiveness of policies, and programs.
 - analyzing the data to identify opportunities for improving nursing practice.
 - formulation of recommendations to improve nursing practice or outcomes.

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As Public Health nurses we should all be striving for effective Quality Assurance *and* Quality Improvement within our agencies. Also having these policies in place will assist with preparing for accreditation.



Key Issue

The following key issue was found to be incomplete, inconsistent, or ineffective site reviews:

ALL PHPR PROTOCOLS MUST BE SIGNED ANNUALLY

The Public Health Practice Reference contains detailed best practices to support health care to individuals based on age and gender. It has been identified during our site reviews that PHPR protocols have not been signed annually by a supporting physician. It has become a misconception that PHPR protocols do not have to be re-signed unless there has been an update or new version of the protocol.

It is known that the PHPR is a very large and cumbersome document; it seems to be a "living, breathing beast". However the PHPR is an essential foundation to sustain clinical practice in the LHD system. It contains guidelines and protocols necessary to support nursing and clinical health care in our public health institutions. Guidelines are defined as recommendations for patient management that support a wide range of acceptable patient care interventions and approaches. Guidelines also allow for professional judgment to be used to determine outcomes of treatment recommendations.

Protocols on the other hand are essentially "Standing orders" that are definitive in the approaches for patient treatments and recommendations. Physician's signatures are essential in providing the endorsement needed that assures safe and monitored care for our patients. The PHPR is updated and revised bi-annually to maintain current with best practices and safe care, therefore all protocols contained within the PHPR must be reviewed, endorsed and contain a current physician's signature on an annual basis or whenever there is a change in protocol.

"The PHPR is not all-inclusive and does not supersede professional judgment, the Kentucky Nurse Practice Act, or the individual health professional or clinician's use of current research and accepted practices. These guidelines and protocols represent levels of care considered appropriate for Local Health Department staff and are intended to be used without modification, unless a higher level of care is desired and supported at the local level. It is the responsibility of local staff, as appropriate, to develop additional guidelines and protocols that are desired at the local level. This activity may need to include nurses, advanced practice nurses, state consultants, health professionals, and others, as well as a collaborating physician. It is the local agency's responsibility to obtain a physician's signature ANNUALLY on each of the protocols." (KY Public Health Practice Reference, July 2011)

LATEST NEWS

- The PHPR Committee met October 13th for the January 2012 PHPR. Membership to the Committee is open to all LHD personnel. If you are interested in joining the PHPR Committee, please email your request to [Erica Davis](#).
- Congratulations to Gary Kupchinsky! Mr. Kupchinsky was recently appointed as Director of the Division of Prevention and Quality Improvement within the Department for Public Health. Mr. Kupchinsky has served DPH since 1994, most recently as Assistant Director of the Division of Prevention and Quality Improvement.



Grief Counseling Services are offered through all LHD's. This service is **mandated** to be offered to all parents or any family member under the provision of KRS 213.161 for any parent or family member who has experienced an infant/child loss (birth through 17 years of age) as the result of stillbirth, miscarriage, or infant/child death including SIDS whether or not the infant or parent has been a patient of the LHD. Please fill out the form found on the link below and fax to DPH in Frankfort at 502-564-5766.

<http://chfs.ky.gov/dph/mch/cfhi/childfatality.htm>

For more information, please contact [Teddy Slone](#),
DPH Child Fatality Review/ Injury Prevention Administrator

KUDOS KORNER!



To Jessamine County Health Department for their "Start Here" campaign. The campaign encourages never or rarely screened women who meet federal income guidelines to get breast and cervical cancer screening at the Jessamine County Health Department. The campaign ads are shown at local theaters and continues through October 2011.



To Lake Cumberland District Health Department for mailing 99,000 Teen Pregnancy Awareness Flyers to all households in their district. The flyer included information such as district facts and statistics, counseling, and LHD services.

The Accreditation Train

By Rona Stapleton

The KDPH Accreditation Readiness Team (ART) is pleased to have culminated the PHAB (Public Health Accreditation Board) self-assessment tool (SAT) process, based on the beta test standards. We have learned a lot about PHAB's requirements for evidence, documentation, expectations, our gaps, and opportunities for growth. We welcome any accreditation-related ideas that you might want to share with us. Our next stage is to enter a gap analysis effort that coincides with a crosswalk initiative between the old and new PHAB standards. ART will proceed domain by domain. We are rolling down the track toward our PHAB state accreditation (www.phaboard.org) application slated for 2014.

This fall, ASTHO (Association of State and Territorial Health Officials) has selected three states, one of which is Kentucky, to showcase in a presentation on technical assistance at the APHA (American Public Health Association) annual conference in Washington, DC. Being one of three panelists would not be possible without the ART team's efforts and supportive KDPH leadership. Kudos to the division director's and state staff that are onboard the accreditation train!

As State Accreditation Coordinator (SAC), I work with Janie Cambron and Quality Improvement Specialist James Rousey, who work in the KDPH Center for Performance Management (CPM). Janie and Jim are on board as a result of our CDC (Centers for Disease Control and Prevention, www.cdc.gov) awarded performance management grant. Janie is the PIM (Performance Improvement Manager) and specializes in quality improvement, policy development, performance management, and best practice implementation, to name a few items, all of which are hearty drivers that fuel the accreditation train.

This season has required time to digest all the new PHAB documents that must be synthesized by Accreditation Coordinators. It's very evident that PHAB's refinements are a result of hard work and dedication. With the "final PHAB standards" officially released, now it's time to map out destination elements and finalize our journey roadmap. Momentum is now in place at KDPH for our "big three agency plans", required by PHAB, which we need to apply for accreditation: the Strategic Plan, State Health Assessment Plan, and a State Health Improvement Plan. If you have questions for me on the state level, as State Accreditation Coordinator (SAC) for KDPH, please e-mail me at ronal.stapleton@ky.gov or call (502) 564-7212, extension 3650. Thank you.

LHD Spotlight

Congratulations to PIKE COUNTY HEALTH DEPARTMENT, recipient of the 2011 Preventive Health and Health Services Block Grant "Champions Award"!

Pike County was one of three agencies in the U.S. to receive this national honor from the Center for Disease Control (CDC). They were recognized for their unique efforts to increase colon cancer awareness by use of free screenings and public awareness campaigns. The "MegaColon", an 8 ft: 20 ft walk through display, was purchased and placed on display throughout the state to educate our citizens about the stages and prevention of colon cancer.

Pike County is a shining star in our spotlight for their commitment and innovation towards colon cancer awareness as they represent KY as a national model for the CDC.



We appreciate your feedback!

Please send your comments, questions, or newsletter ideas to the Quality Improvement Team Contributing Staff:

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